I	PATENT APPLICATION FEE DETERMINATION RE								Application or Docket Number					
	Effective October 1, 2003								10774618					
l	CLAIMS AS FILED - PART I								ENTITY					
r	TOTAL CLAIMS (Column 2)									C		ER THAN L ENTITY		
╟			+-2	. 0				RATE FE			RATE	FEE .		
FOR				NUMBER FILED		MUMBER EXTRA		BASIC	EE 385.0	20 C	R BASIC F	EE 770.00		
F	TOTAL CHARC	EABLE CLAIMS	120	Ominus 20=				X\$ 9	$\cdot \top$	\neg	R XS18:	,		
INDEPENDENT CLAIMS				minus 3 =				X43.		٦,	R X86=	1 1		
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT							-145s	1-	7	"	╅╾╾┫		
•	* If the difference in column 1 is less than zero, enter "O" in column 2								٠,	┛`	A +530=	-		
CLAIMS AS AMENDED - PART II														
_	(Column 1) (Column 2) (Column 2)								L ENTITY	OF		R THAN ENTITY		
2		REMARKING		HIGHE MUMB	ER	PRESENT	٦	2425	ADDI-			ADDI-		
ME	1710	AMENDMENT		PREVIOU PAID FI		EXTRA		RATE	TIONAL FEE	7	RATE	TIONAL FEE		
AMENDMENT	Total	1. 20	Minus	1-20		• /		XS 9=		los	XS18=	7		
AM	Independent	_L/_	Minus	SDENIDENCE OF				X43=		OF	X86=	1/1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ı	+145=	1-	7	<u>'</u>	 /- 		
· X118105							L	YOTAL	 	JOR	YOYA			
		(Column 1)		(Column	2)	(Column 3)	A	DOIT. FEE		JOA	ADDIT. FEE			
9		CLAIMS REMAINING		HIGHES NUMBE		PRESENT	Γ		ADDI-	7		ADD1-		
<u>E</u>		AFTER AMENDMENT		PAID FO		EXTRA		RATE	TIONAL FEE	ı	FATE	TIONAL		
AMENDMENT	Total	1-30	Minus	1-21		-11)	Γ	2	29	OR	X\$18e	FEE		
AM	Independent	1.5	Minus	- 2		• 2	广	áu	100	1	X86-			
	rinal rheal	NTATION OF MI	ILTIPLE DE	PENDENT C	LAIM		H			OR				
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	•	(Column 1)		1	0	0.0	AD:	DIT. FEE	351)	OR	ADDIT. FEE			
,	•	CLAIMS REMAINING		(Cotumn		Cotumn 3)	_							
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	Total ·	20	Minus	- 30	5		\vdash		FEE			FEE		
L	Independent	• 4	Minus	- F	5.1.		Ľ	39-		OR	X\$18=	·		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ОЯ	X86=			
. 61	The entiry in a na	10. 1 is less	•	45-		OR	+290=							
7	If the entry in column 1 is less than the entry in column 2, write "0" in column 3, if the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2." The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."							TOTAL		OR .	TOTAL			
11	e Highest Num	ber Previously Paid	For (Total or	5 SPACE is les: Independant) i	s then 3 s the hig	hest number to	und i	o Die appr	opriste box	in com	idoit, fee L Itto 1.			
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GETTER CTICK, U.S. DEPARTMENT OF COMMERCE